

**Benefits effective January 1, 2005**

**COVERED DENTAL SERVICES – Basic Plus Plan**

**CALENDAR YEAR BENEFIT MAXIMUM**

Each eligible employee and each eligible dependent may receive up to **\$1,200.00** of covered dental benefits for 6 months for Diagnostic, Preventive, Basic and Major Services.

**CALENDAR YEAR DEDUCTIBLE**

Each eligible employee and each eligible dependent is responsible for the first **\$25.00** per 6 months, which is limited to **\$75.00** per family. Diagnostic and Preventive Services are not subject to the deductible.

**LIFETIME ORTHODONTIC BENEFIT MAXIMUM**

**Each eligible employee and each eligible dependent** may receive up to **\$1,500** per lifetime for Orthodontic Services.

**COINSURANCE PERCENTAGES**

<b>Covered Services</b>	<b>(DPO) Dentist In-Network</b>	<b>Participating Dentist Out-of-Network</b>	<b>Non-Participating Dentist Out-of-Network</b>
*Class I: Preventive, Diagnostic and Adjunctive Services	100% of DPO Discounted Fee	100% of DPO Discounted Fee. You pay difference between Delta's payment & dentist's MPA fee	100% of DPO Discounted Fee. You pay difference between Delta's payment & dentist's full-billed charges.
*Class II: Basic Services	80% of DPO Discounted Fee	80% of DPO Discounted Fee. You pay difference between Delta's payment & dentist's MPA fee	80% of DPO Discounted Fee. You pay difference between Delta's payment & dentist's full-billed charges.
Class III: Major Services	50% of DPO Discounted Fee	50% of DPO Discounted Fee. You pay difference between Delta's payment & dentist's MPA fee	50% of DPO Discounted Fee. You pay difference between Delta's payment & dentist's full-billed charges.
Class IV: Orthodontic Services <b><u>(for all eligible employees and dependents)</u></b>	50% of DPO Discounted Fee	50% of DPO Discounted Fee. You pay difference between Delta's payment & dentist's MPA fee	50% of DPO Discounted Fee. You pay difference between Delta's payment & dentist's full-billed charges.

\*Costs will vary depending upon which dental providers are utilized.

MPA: Maximum Plan Allowance. The maximum allowable amount as determined by Delta Dental for a procedure. Benefits are calculated on the lesser of the submitted charge or the maximum plan allowance.